

HEALTH INFORMATION TECHNOLOGY BLUE RIBBON TASK FORCE MEETING MINUTES

**September 17, 2010
9:00 am**

**Grant Sawyer State Office Building
555 East Washington Avenue, Room 4401
Las Vegas, NV 89101-1072**

**Legislative Building
401 South Carson Street, Room 2135
Carson City, NV 89701-4747**

TASK FORCE MEMBERS PRESENT:

Dr. Raymond Rawson, Chairman (Las Vegas)
Marc Bennett, Vice Chairman (Las Vegas)
Bobbette Bond (Las Vegas)
Chris Bosse (Carson City)
Brian Brannman (Las Vegas)
Charles "Chuck" Duarte (Carson City)
Tracey Green, MD (Carson City)
Rick Hsu (Carson City)
Jason Martin (Las Vegas)
Joanne Ruh (Las Vegas)
Robert "Bob" Schaich (Las Vegas)
Russell Suzuki (Las Vegas)
Marena Works, RN (Carson City)

TASK FORCE MEMBERS EXCUSED:

Brett Barrett
Peggy Brown
Tom Chase
Robert "Rob" Dornberger
Stephen Loos, MD
Maurizio Trevisan, MD
Glenn Trowbridge

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF PRESENT:

Lynn O'Mara, State HIT Coordinator, Director's Office, DHHS
Ellen Crecelius, Management Analyst IV, DHHS
Charles Harvey, ARRA Director, Office of Governor
Ernie Hernandez, IT Manager, Office of Informatics and Technology, Health Division
Gabe Lither, Deputy Attorney General, State of Nevada Medicare Healthcare, Finance and Policy
Mary Liveratti, Deputy Director, DHHS
Justin Luna, Management Analyst, Division of Health Care Financing and Policy
Joyce Miller, Administrative Assistant, Director's Office, DHHS
Theresa Presley, IT Professional, Office of Informatics and Technology, Health Division
Mel Rosenberg, Chief of IT, Division of Health Care Financing and Policy

OTHERS PRESENT:

Jan Brase, ARRA, Office of the Governor
David Brown, AT&T
Travis Cox, IT Director, Nevada Health Centers
Daphne DeLeon, Chair, Nevada Broadband Task Force
Deborah Iodence, Health Information Management Manager, Sierra Surgical Hospital and NvHIMA
Cliff King, Chief, Life and Health Section, Nevada Division of Insurance
Mary Lawrence, Nevada Health Information Management Association (NvHIMA)
Larry Matheis, Executive Director, Nevada State Medical Association (NSMA)
Todd Radtke, Regional CIO, Nevada Rural Hospital Partners
Jerry Reeves, MD, *HealthInsight*
Alex Tunchek, representing Neena Laxalt
Dr. Marcia Turner, Vice-Chancellor of Operations, Nevada Systems of Higher Education

Dr. Raymond Rawson, Chairman, called the meeting to order at 9:10 a.m. He stated that the meeting agenda was posted in accordance with Nevada Open Meeting Law at the Nevada Department of Health and Human Services, the Grant Sawyer State Office Building, the Legislative Building, the Nevada State Library and Archives, and on the Nevada Department of Health and Human Services web site. He also explained that the meeting was being videoconferenced from the Grant Sawyer Building in Las Vegas to the Legislative Building in Carson City, as well as being broadcast live over the Internet.

Dr. Rawson stated that public comment would be taken later during the meeting. He reminded everyone that when speaking to state their name and who they represented, for the record. Also, he commented that as the Chairman, he reserved the right to limit comments to three minutes per person, and would respectfully interrupt if the time was exceeded. He asked that information already presented by someone else not be repeated. Dr. Rawson asked that information already presented by someone else not be repeated. He reminded the Task Force members whenever speaking, to always first identify themselves for the record, as it was important to correctly identify speakers and their corresponding comments. He requested that everyone in Carson City and Las Vegas please sign the attendance sheet for their location, if they had not already done so.

While there were no announcements, Dr. Rawson informed the Task Force that Mary Liveratti, DHHS Deputy Director and Daphne DeLeon, the Broadband Task Force Chair, were attending today's meeting. He then requested that Joyce Miller call the roll.

1. Roll Call and Approval of Meeting Minutes from the August 20, 2010 Meeting

Joyce Miller called the roll. She informed the Chairman that Dr. Maurizio Trevisan was excused and was being represented by Dr. Marcia Turner, Vice-Chancellor of Operations, Nevada Systems of Higher Education; Glenn Trowbridge was excused; Brett Barratt was excused and was being represented by Cliff King, Chief, Life and Health Section, Nevada Division of Insurance. Also, Peggy Brown was excused and was being represented by Deborah Iodence, Health Information Management Manager Sierra Surgical Hospital as well as a representative of the Nevada Health Information Management Association. In addition, Tom Chase was excused and was being represented by Travis Cox, Director of Information Systems, Nevada Health Centers; Robert Dornberger was excused and Dr. Stephen Loos was excused and being represented by Ernie Hernandez, Manager of the Health Division Office of Informatics and Technology.

After the roll call, Dr. Rawson reminded those who were representing a Task Force Member had the authority to vote.

Dr. Rawson asked if there were any additions or corrections to the minutes from the August 20, 2010 Task Force Meeting. There was none. He then asked for a motion to approve the minutes.

MOTION: Robert Schaich moved to approve the minutes

SECOND: Brian Brannman

APPROVED: UNANIMOUSLY

2. Staff Reports

Mr. Duarte reported that the new CMS Region 9 Administrator, David Sayen, held an informal meeting with stakeholders on September 8, 2010 in Reno, regarding HITECH, EHR Incentives and Health Care Reform. He also reported that Nevada Medicaid was still in negotiations with Hewlett-Packard/EDS for the MMIS takeover contract and expected to get final contract approved by the Board of Examiners by the end of this year.

Ms. O'Mara reported that the College of Southern Nevada is on schedule to begin its online Health Information Technology training course on September 30, 2010. Funded by the colleges' regional HITECH Workforce Development Grant; students are already being enrolled and the Web site is up and running. At the request of the Substance Abuse Substance, Prevention and Treatment Block Grant Advisory Board, she recently provided an informational presentation about the state's Health Information Technology activities. The Board provided some important feedback regarding e-Prescribing and requested to be kept updated on the progress of relevant events.

At the request of the Health Sciences System Committee of the Board of Regents, Ms. O'Mara provided an informational presentation about the ARRA HITECH Act and Nevada's Health Information Technology activities. She reported that the members indicated interest in the impact on UNSOM and potential workforce development opportunities; particularly for the community colleges. Ms. O'Mara reported that she and Alicia Hansen, who is on the HIE Technical Infrastructure Subcommittee, had an informative meeting with key Southern Nevada Health District staff regarding HIT and HIE, with a focus on the meaningful use requirements for public health reporting.

The health district staff voiced privacy concerns regarding public health reporting of notifiable diseases and lab results via Health Information Exchange, and potential conflicts with CDC and state reporting requirements. Ms. O'Mara indicated that she would be working further with Dr. John Middaugh and the SNHD staff to determine the issues that needed to be addressed.

Ms. O'Mara reported that CMS was hosting calls for eligible providers in each state to explain meaningful use and the Medicaid EHR Incentive Program. During the Nevada call, a joint presentation was provided by Nevada Medicaid (Justin Luna), HealthInsight (Keith Parker) and the State HIT Coordinator (Lynn O'Mara), giving the participants an overview of statewide HIE activities, Nevada's EHR Incentive Program and the available EHR support from the state REC.

Ms. O'Mara stated that she had met with Ms. DeLeon, the Chairman of the Broadband Task Force and the Administrator for the State Library and Archives. In addition to discussing increased coordination and collaboration between the two Task Forces, Ms. DeLeon provided information regarding data retention and possibilities long-term storage.

Ms. O'Mara confirmed that the Preliminary State HIT Strategic and Operational Plan was submitted to ONC by the August 31, 2010 deadline. However, a more definitive final plan will need to be submitted; she expected ONC to require that by late December or early January.

3. Discussion and Make Recommendations Relating to the Regional Extension Center Progress Report

Mr. Parker provided information to the Task Force contained in the handout entitled "HealthInsight's Health Information Technology Regional Extension Center (REC) Assistance, Development & Support for Achieving Meaningful Use."

Mr. Parker commented that providers needed EHR choices, and the REC was doing its best to provide assistance and guidance in the right direction. He did note that the market needed to mature, with the physicians actually driving that maturity through their system selections and purchases. The REC intends to remain vendor neutral and to allow the market to mature on its own. The REC is also researching HIT workforce availability in Nevada, to meet provider HIT support needs. Mr. Parker reported that the REC was working on bringing both small and large provider groups together for better coordination of EHR and HIE interoperability.

Dr. Green asked if the REC was doing outreach to other medical societies, in addition to the Nevada State Medical Association. She cited the Academy of Family Physicians, the Academy of Pediatrics and the Osteopathic Medicine Physicians as examples. Mr. Parker replied in the affirmative; stating that HealthInsight had been hosting booths at several annual meetings and planned to contact all relevant associations. Both Mr. Parker and Ms. O'Mara commented on the need to coordinate the communication strategies and messages, as well as, the available resources of the HIE Cooperative Agreement, Nevada Medicaid and the REC.

Mr. Martin inquired about inclusion of consumer groups regarding privacy and security issues. Mr. Parker replied that, at some point, consumer input would be required. However, at this time, provider recruitment was the priority in order to meet the REC grant requirements and deadlines. He noted that a collaborative effort with the State HIT Coordinator and Nevada Medicaid would be the most effective way to accomplish consumer outreach. Ms. O'Mara commented that consumer outreach was a requirement of the HIE Cooperative Agreement, and would require an effort similar to the HIT Statewide Assessment. Mr. Parker stated that it would be important to have a structured approach and synchronized message for the consumers to reinforce the attributes of technology. Dr. Rawson and Mr. Parker had a brief discussion regarding what was actually in place that individuals could currently utilize, how many physicians are actually utilizing Electronic Health Records and if the records were inter-changeable. Mr. Parker noted that it was a long process of changing habits or a national cultural transformation of understanding the technology and how to utilize it. Dr. Rawson, Mr. Parker and Ms. O'Mara also discussed the impact of Electronic Health Records on the current Nevada workforce environment, particularly for; new college graduates, the unemployed individuals and employed health care workers. Dr. Rawson stated his concern that the current curriculum being offered by the University's School of Medicine to students and residents did not address Health Information Technology and Electronic Health Records as part of patient care delivery. Mr. Parker reported that the REC is working with the Department of Pediatrics, which has a shared clinic with UMC, and agreed that more training was needed. He also

cited the Touro University residency programs which are working more and more with outpatient settings who are utilizing Health Information Technology. The result has been a higher level of training ; as there is greater interaction between the DO medical student in the office and the physician who is utilizing Electronic Health Records.

Dr. Rawson stated the need for emphasis on the coordination between the private vendors, individual physicians, large physician groups and public entities. Mr. Brannman noted that major HIT capital investments were being made that were equivalent to physical additions to facilities and stated that the ARRA HITECH funds did not address all of the capital investments that would be necessary.

Dr. Rawson asked if United Health Care was requiring physicians to submit electronically. Mr. Schaich responded that, currently, electronic submission of claims was not required. However, United did require electronic submission of encounters by capitated providers; with over 90% of their claims received electronically. This did not reflect the utilization of Electronic Health Records for patient care delivery or electronic billing, which is a simpler administrative transaction and can be automated without having an EHR system installed.

Mr. Suzuki asked if there would be additional teleconferences for Nevada physicians. Mr. Parker stated the CXMS Region IX Office was developing and coordinating the schedule of provider outreach calls. Ms. O'Mara commented that state-sponsored calls were expected to be part of the statewide communications strategy. There was general discussion regarding greater adoption of EHRs by southern Nevada, and the need to work more closely with northern and rural providers to improve adoption rates. Mr. Parker commented "ONC's timelines were aggressive and 'Small mistakes made today are going to lead to larger problems in the future. We must have the right foundation elements from the beginning.'" Ms. Bond inquired if CMS Region IX was assisting with outreach education. Mr. Parker replied in the affirmative. He commented that recruitment efforts have not yielded what ONC was hoping for and more outreach was needed; along with a better understanding by providers of exactly what resources are available and confidence regarding those resources. Ms. O'Mara suggested that the REC be added to the Staff Reports.

MOTION: Russell Suzuki moved to add the REC as a standard to the Staff Reports

SECOND: Brian Brannman

APPROVED: UNANIMOUSLY

Ms. O'Mara noted that Bill Draft Request 443 was submitted by the Department of Health and Human Services and the Omnibus bill will address the Health Information Technology issues and barriers identified by the Regulatory and Policy Inventory. She also reported that the Office of Health Care Technology would be relocating on October 1, 2010. Updated contact information will be provided to the Task Force.

4. Discussion and Make Recommendations Relating to Informational Presentation: Nevada HIT Research Report

Ms. O'Mara introduced Mr. Martin as one of the MBA students from the UNR College of Business students who worked on due diligence research for the Task Force. Mr. Martin provided information to the Task Force contained in the handout entitled "Nevada HIT Research."

Mr. Suzuki asked what recommendations or analysis Mr. Martin had. Mr. Martin, at the beginning of his presentation, replied his disclaimer included his assessment and there was no "magic bullet." He stated it was going to take a great deal of hard work from all the Task Force Members and interested stakeholders. Mr. Martin suggested a possible membership fee structure that may be an incentive for spurring EHR adoption and spreading the costs.

Mr. Bennett stated that he believed it was time to choose a direction and go forward. He asked Mr. Martin if there was anything in his research to indicate how other states launched their plans. Mr. Martin replied that he did not have any recommendations and noted that he believed most states were in the same position as Nevada, regarding HIE efforts, investment and infrastructure. He commented the State HIT Plan reviewed by the MBA students were vague.

Mr. Hsu commented on the opt-in patient consent model and incentives referenced in Mr. Martin's report, which referred to the 'opt-in' model; he wanted to begin a discussion on the pro's and con's, privacy issues and incentives. He was also interested in Mr. Martin's views on the centralized record 'opt-in' discussion noted in his report. Mr. Martin replied that, as far as the centralized data storage model, he is more in favor of a centralized master patient index, which is maintained by the state; making it possible to run queries throughout the network of HIEs to retrieve the information, simulate it, complete the reporting and de-identify the data at the same time. He felt that having a centralized source to accomplish those types of capabilities is better; also, he favors a distributed data storage, where all of the providers store their own data and tied together with the informed patient consent.

Mr. Suzuki asked Mr. Martin if there were any successful HIEs that he found during his research. Mr. Martin replied there were several that have been operating for quite some time; noting that North Carolina has approximately eight or nine which have been operating over a decade and, as far as state HIE efforts, he did not find a system that has been 'up and running' which meets the Meaningful Use criteria. He commented that both North and South Carolina have an interstate exchange with their HIEs. Mr. Suzuki asked if Mr. Martin felt it was vendor implemented. Mr. Martin felt that not necessarily the statewide platform or infrastructure; depending on the model. Mr. Bennett commented he did not feel that there was any model operating HIEs that do not utilize a vendor for the technical act of moving information from one provider to another; the interfaces to master index are usually vendor driven.

Ms. O'Mara announced that the next meeting was scheduled for October 15, 2010 at 9:00 a.m.

Ms. Bond said she would like to hear what other states were doing to drive faster physician EHR and HIE adoption rates, because of the current length of time it is taking for patient health information to be collected.

Mr. Duarte requested that key policy questions included in Mr. Martin's report be presented to the Task Force for consideration and decision making.

5. Public Comment and Discussion

Dr. Rawson asked if there was any public comment. Mr. Larry Matheis commented that the Nevada State Medical Association is committed to assisting with outreach to the physician community to ensure accurate information is being disseminated. NSMA now has a project manager who is working directly with both with the REC and the physician practices to assist in evaluating overall practice needs. He also informed the Task Force that NMSA publishes six electronic newsletters, which are sent to all of their members and usually include HIT updates. Mr. Matheis commented that he believed this Task Force has a great deal of support by the physician community, as long as forward progress is made. He stated the physicians were most skeptical about the EHR Incentives; based on past experiences with similar financial incentives that were never funded by the federal government. This skepticism is the basis for physicians being reluctant to invest in EHRs at this time, as they have little confidence that promised cost recoupment will be realized.

Ms. Bond asked Mr. Matheis if the lack of physician confidence in Medicare and Medicaid payments was the chief barrier. Mr. Matheis replied in the affirmative, citing several examples of past experiences with CMS programs and incentives, as well as, current and new bureaucratic challenges faced by physicians regarding health care services and payment procedures. He stated that for the first time, NSMA is observing physicians no longer participating in the Medicare Program, both in Nevada and nationwide, and there is the same potential for the Medicaid program. Mr. Matheis stressed the importance of EHR interoperability, Health Information Exchange and full funding of the EHR Incentive Program as being key to physician adoption and utilization of Health Information Technology.

6. Adjournment

Dr. Rawson adjourned the meeting at 11:12 a.m.